

Medical Care Advisory Committee

Minutes of May 18, 2017

Participants

Committee Members Present

Andrew Riggle (Chair), Dr. William Cosgrove, Jenifer Lloyd, Mark Brasher, Christine Evans, Steven Mickelson, Debra Mair, Ginger Phillips, Adam Cohen, Jessie Mandle, Danny Harris, Mark Ward, Lorena Riffo Jenson for Doug Springmeyer, Dale Ownby (via phone), Sara Carbajal-Salisbury (via phone)

Committee Members Absent

Jonathan George, Pete Ziegler, Dr. Samuel Bailey, Donna Singer

Division Staff Supporting the Committee

Nate Checketts, Jennifer Meyer-Smart, Ginny Henderscheid

Guests

Beau Colvin-SelectHealth, Tracy Altman-UUHP, Micah Vorwaller-UHPP, Staci Stout, Utah Dental Hygienists Association

1. Welcome

Dr. William Cosgrove, Vice Chair, welcomed members awaiting Andrew Riggle to arrive. The meeting was called to order at 2:09 p.m.

Approval of Minutes

Dr. Cosgrove called for corrections to the April 20, 2017 minutes for approval. No corrections were noted.

MOTION: Mark Ward moved to approve the April 20, 2017 minutes. Debra Mair seconded the motion. All were in favor. None opposed.

2. New Rulemakings- Craig Devashrayee

A handout on the sixteen new rulemakings with filing for public comment and effective dates was reported.

- R414-1-29 Medicaid Policy for Reconstructive and Cosmetic Procedures
- R414-3A-6 Services
- R414-1-28 Cost Sharing
- R414-60 Medicaid Policy for Pharmacy Program (Five-Year Review)
- R414-1-6 Services Available
- R414-1-30 Face-to-Face Requirements for Home Health Services
- R414-14 Home Health Services
- R414-70 Medical Supplies, Durable Medical Equipment, and Prosthetic Devices
- R414-2A-7 Limitations
- R414-10 Physician Services
- R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia
- R414-305 Resources

- R414-401-3 Assessment
- R414-514 Requirements for Moratorium Exception
- R414-100 Medicaid Primary Care Network Services (Five-Year Review)
- R414-200 Non-Traditional Medicaid Health Plan Services (Five-Year Review)

Ginger Phillips asked for clarification regarding a letter she received from Medicaid, specifically asking what dental services had changed and who the dental providers are. Julie Ewing stated it is an open enrollment letter and reported that in the past, managed care would assign individuals to a primary dental provider. This will no longer apply and individuals may choose their own dental provider. The other change is that blind or disabled Medicaid members who are 18 years of age or older will be able to get dental services as of July 1, 2017.

Emma further clarified the letter Ginger received. She stated every year at this time DOH sends an open enrollment letter to inform Medicaid individuals to check their plans and to notify those enrolled in dental services, that there have been changes made. She also stated a letter will be sent prior to July 1, 2017 to the blind and disabled Medicaid members to inform them that they may be eligible for dental services. Nothing else has changed.

Danny Harris questioned R414-1-28 Cost Sharing asking what is being implemented. Nate stated this proposed rule is to adopt and come into compliance with the Medicaid State plan. Right now DOH has a separate cost sharing rule from the state plan, which limits a hospital stay at \$75.00 and now will be lowered to match the state plan. CMS still has to approve the state plan change.

3. Eligibility Update- Jeff Nelson

Members received a two-page graph report.

Jeff gave an overview of the first page graph reporting on Medicaid enrollment for adults, people over age 65, people with disabilities, and pregnant women. In April, for people over age 65, nine were added and for CHIP 48 were added. Overall, there is a decline in Medicaid across the board for people with disabilities, children, pregnant women and PCN. State fiscal totals shows an increase of 519 for people over age 65, and an increase in CHIP of 1,341. However, after several years of Medicaid growth it now shows a slight drop.

At the last MCAC meeting, Jeff reported the children total numbers were down and it was asked what happens to the children leaving and where are they going. It was reported that a third might be joining CHIP, as CHIP totals had an increase at the same time as the Medicaid decreased. It is unknown where the other half might have gone.

To answer the question Jeff distributed a two-page report on the movement of children on Medicaid for the last six months. Jeff explained how the data was collected, while showing each month the movement with children moving from Medicaid to CHIP, children moving from CHIP to Medicaid, and CHIP to no other program. It is unknown where the children went after that.

Andrew asked if the 800-1,000 CHIP change to nothing was per month. Jeff confirmed this.

Andrew asked if this data gives a better feel for where the “missing” kids went. Jeff said we can tell where they’ve been, but not necessarily where they’re going. Many times the parents are not following through with the review and some close for being over the income limit.

Dr. Cosgrove remarked that this appears to be an information problem. He stated that probably a lot of people don't know they have access or are just finding out they have access. It's important that people know they are eligible. He stated a study was done looking at 23 million hospitalizations of children. It showed if a child shows up to the hospital they have a 1/200 chance of dying, and if they don't have insurance they have a 60% increased risk. Lack of access delays care. He believes there are a lot of people who don't know they are eligible and this delays care.

Nate reported that eligibility case workers sometimes know why clients leave, and can indicate why the Medicaid or CHIP closed. But many times we don't know because they don't respond. Other explanations might be administrative or eligibility issues.

Sara Carbajal-Salisbury (via phone) spoke on why some people do not respond on applications. Sara spoke of several barriers that the Latino community encounter while in the process of applying. One of which is bureaucracy, waiting on the phone, being referred to someone else, etc. Nate responded that specific cases that are a concern should be referred to DWS to address. Dale Ownby (via phone) agreed with this and said he will send preferred contact information for resolving issues to Jennifer Meyer-Smart to forward to everyone.

Ginger Phillips asked what the "turn-around" time is for a Medicaid application. Jeff reported DWS has 30 days to make a decision, but typically a decision is made within 8-12 days. Ginger asked a question regarding the appeals process for a denied application. Jeff responded if there is an appeal request, DWS and DOH both review for a decision.

Ginger also stated that there seems to be an issue with the MWI program and billing people for the same amount every month even though their income varies. Jeff explained people can request to have this amount re-determined at any time.

4. Utah Community Health Worker Coalition (CHWC)– Anna Guymon

Anna introduced herself as working with the DOH, Bureau of Health Promotion in the EPICC Program. Her role is to coordinate, support, promote, and advance the work for Utah's CHWC.

Anna defined a CHW as the frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a connector between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW is one who receives training to build individuals and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education informal counseling, social support and advocacy.

Anna reported Utah's CHWC consists of an advisory board and three workgroups which has established criteria to develop proposals based on criteria and gain consensus to achieve goals and submit to the advisory board for approval. Membership is a broad-based group of experts, specialists, and interested parties from many sectors. Anna gave an overview of Utah's broad-based CHWC scope of practice, ten core skills, and the progress of developing a standardized training.

Andrew Riggle asked where CHWs are located in Utah. Anna reported that a state-wide data survey has been sent asking for the number of CHWs working in each area. Anna reported the data will still need to be finalized but noted that so far, 80% have responded and reported every county except Grand has a CHW. When completed and finalized Anna will forward more information to Jennifer Meyer-Smart.

Sara Carbajal-Salisbury asked what was being done to increase awareness. Anna reported action plans are available on line and workgroups are implementing activity goals. Currently, the priority is looking at geographic areas where training and education sites will be initiated. Anna noted if any individual or organizations are interested in supporting the purpose of the CHW broad-based coalition to please check the CHWC website: <http://choosehealth.utah.gov/healthcare/community-health-workers.php> for more information.

5. Reimbursement Rates Methodology and Rate Setting- John Curless

This agenda item was requested to be tabled due to time constraints. John Curless confirmed this action item to report at a future MCAC meeting.

6. 21st Century Cures Act – Medicaid Provisions- Jennifer Meyer-Smart

Jennifer gave an overview on the Medicaid provisions by summarizing and reporting on impacts. The sections reported on were:

- Sec. 5002. Medicaid reimbursements to states for durable medical equipment
- Sec. 5005. Increasing oversight of termination of Medicaid providers.
- Sec. 5006. Requiring publication of FFS provider directory
- Sec. 5007. Fairness in Medicaid supplemental needs trusts
- Sec. 5008. Eliminating FFP with respect to expenditures under Medicaid for agents used for cosmetic purposes or hair growth
- Sec. 12001. Rules of construction related to Medicaid mental health services and primary care services furnished on the same day
- Sec. 12005. Providing EPSDT services to children in MDs
- Sec. 12006. Electronic visit verification system required for personal care services and home health care services under Medicaid
- Sec. 17004. No payment for items and devices furnished by newly enrolled providers or suppliers within a temporary moratorium area

End of report. No questions asked.

7. Director's Report- Nate Checketts

Nate gave an update on National Health Care Reform. Nate reported on the American Health Care Act (AHCA) revisions stating the revision has passed the house, but is currently pending at the Senate level. The Senate is waiting for the Congressional Budget Office score. It appears many Senators are taking a deliberate approach to reviewing this.

A question was asked regarding the per capita cap and how this would affect Utah. Nate explained how the per capita cap works. He stated it is hard to know how the state will be impacted, but looking at prior years it would indicate we would've been within the per capita levels. However, this doesn't mean this would happen in the future, and it has not been reviewed by the actuarial specialists.

Dr. Williams Cosgrove reported various groups received a letter from Senator Hatch requesting input to work with the Senate Finance Committee dealing with the senate version of the AHCA. Comments can be sent via email by May 23rd to the following address healthreform@finance.senate.gov.

Implementation of Disabled Dental Benefits/PCR Income Limit Increase- Disabled dental waiver is still pending CMS approval, but planning to implement July 1, 2017. A public information release for disabled dental benefits is being considered for July 1, 2017. A letter to inform those eligible for disabled dental benefits will also be sent by the end of June. Parents income limit increase has been approved and will be effective July 1, 2017. Those on PCN who are eligible will be moved automatically and do not have to reapply.

1115 Waiver-Adults without Dependent Children- This waiver request is still pending CMS approval. DOH is considering additional amendments to consider a cap on enrollment, cost sharing, and limits on presumptive eligibility. DOH is working to define these amendments. DOH is holding a special public hearing on Thursday, June 22, 2017 for public comment. Waivers are required to have a 30-day public comment period as well.

Danny asked if there was a legislative requirement to go ahead with these amendments. Nate stated there was not a legislative requirement. However, prior amendment requests, such as Healthy Utah, were considered and discussed with legislators and the Governor. The general consensus is that policymakers support these amendments and have signed off on going forward. Given the current administration, CMS may be willing to consider some of these amendments.

Jesse asked if there is no legislative push, why are we going through with this. Nate stated that looking back over history there has been clear legislative intent that these flexibilities have been very specifically requested. In the past, we haven't been able to move forward with the flexibilities. There is still support for these flexibilities, so we are moving forward now.

Jesse asked if there are costs associated with this. Nate stated there is a budget neutrality piece required to be provided with the waiver amendment that addresses this.

Jesse asked if the session on June 22nd is just a meeting to provide feedback or if there will be formal public comment period. Nate stated there will be a formal 30-day public comment period. He added the meeting on June 22nd will be a special MCAC session to provide feedback on the waiver amendment. An additional public hearing will be held in July.

8. Other- Andrew Riggle

Andrew announced a special Medical Care Advisory Committee (MCAC) meeting to obtain public input on the Medicaid budget for Fiscal Year 2019 on Thursday, June 15, 2017 in conference room 125 from 4:00 PM – 6:00 PM.

Andrew asked for future suggested MCAC agenda items. If you have an agenda item to submit, please send to Jennifer Meyer-Smart at jmeyersmart@utah.gov.

Andrew asked for other items to discuss. With no further business to conduct Andrew requested a motion to adjourn.

MOTION: Danny Harris made the motion to adjourn meeting at 4:11 p.m. All were in favor. None opposed.